

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER FARMERS GROUP, INC. EMPLOYEES AND AGENTS PAC - SMALL CONTRIBUTOR COMMITTEE			Date of This Filing <u>05/10/2019</u>	Date Stamp Page 1 of 2	<div style="background-color: black; color: white; padding: 5px; display: inline-block;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1343619	Report No. <u>LCR # 1280</u>			
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>			
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901	No. of Pages <u>2</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/10/2019	LENA GONZALEZ FOR SENATE 2019 LONG BEACH, CA 90802 ID# 1415216	LENA GONZALEZ State Senate District 33 Jurisdiction: State Senate District	\$1,000.00	

Reason for Amendment: